

FY 17 Monthly Health Benefit Rates

Effective 7/1/2016

Source: Joint Administrative Services

A. Plan Rates

	<u>Cost</u>	<u>Employer</u>	<u>Employee</u>
<u>KA 250 Plan Option</u>			
<i>Regular Full Time</i>			
Single	697.00	588.03	108.97
Dual	1,289.00	641.63	647.37
Family	1,882.00	936.55	945.45
<i>Transportation, Food Service & Other</i>			
Single	697.00	496.17	200.83
Dual	1,289.00	541.40	747.60
Family	1,882.00	790.24	1,091.76

KA 500 Plan Option

<i>Regular Full Time</i>			
Single	640.00	588.03	51.97
Dual	1,184.00	641.63	542.37
Family	1,728.00	936.55	791.45
<i>Transportation, Food Service & Other</i>			
Single	640.00	496.17	143.83
Dual	1,184.00	541.40	642.60
Family	1,728.00	790.24	937.76

TLC High Deductible

<i>Regular Full Time</i>			
Single	506.00	506.00	.00
Dual	936.00	575.26	360.74
Family	1,366.00	838.35	527.65
<i>Transportation, Food Service & Other</i>			
Single	506.00	426.95	79.05
Dual	936.00	485.40	450.60
Family	1,366.00	707.39	658.61

B. Account Contributions

<u>Regular Full Time</u>	
TLC Health Savings Account Contribution (single)	82.03
TLC Health Savings Account Contribution (dual)	66.37
TLC Health Savings Account Contribution (family)	98.20
<u>Transportation, Food Service & Other</u>	
TLC Health Savings Account Contribution (single)	69.22
TLC Health Savings Account Contribution (dual)	56.00
TLC Health Savings Account Contribution (family)	82.86

Note: Where two employees are married, and they together opt for either a dual or family option, the employer will pay two times the single employer contribution for the plan option selected.